									A	pplicatio	on or Docket Number			
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									10680666					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			00	OTHER THAN OR SMALL ENTITY		
T	OTAL CLAIMS	3				<u> </u>]_	RATI			OR 7			
FOR			NUMBER FILED		AU MADED EVEDA			BASIC		FEE	-	RATE	FEE	
					NUMBER EXTRA			BASIC	EE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			6 minus 20= 1		*			X\$ 9	=		OR	X\$18=		
INDEPENDENT CLAIMS			/ n	ninus 3 =	*0			X43=	=		OR	X86=		
MU	JLTIPLE DEPE	NDENT CLAIM P	RESENT				ł				- '''	·		
* If	the difference	e in column 1 is	ess than zero, enter "0" in column 2				+145:			OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2								ATOT	L	385	OR.	_TOTAL	L	
CLAIMS AS AMENDED - PART II								CMAI	. =	NTITY	00	OTHER		
		(Column 1) CLAIMS	1	(Colun		(Column 3)	Column 3) SIMA		L	ADDI-	OR 1 1	SMALL		
V TV		REMAINING AFTER		PREVIO		PRESENT EXTRA		RATE		TIONAL		RATE	ADDI- TIONAL	
MEI		AMENDMENT		PAID F	OR				4	_FEE	1		FEE	
AMENDMENT A	Total	*	Minus	**		=		X\$ 9=			OR	X\$18≐		
AM	Independent	*	Minus			=		X43=	ı		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					J	+145=				+290=			
								TOTA			OR	TOTAL		
(Calumn 1)				(0)			4	ADDIT. FE			OR	ADDIT. FEE		
	(Column 1) CLAIMS			(Column 2) (Column 3) HIGHEST			ı		_	ADDI	1 1			
ENDMENT B		REMAINING AFTER		NUMB PREVIO		PRESENT EXTRA		RATE		ADDI- TIONAL		RATE	ADDI- TIONAL	
	7. 1	AMENDMENT		PAID F	OR		 		4	FEE			FEE	
	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=		
AME	Independent	NITATION OF ME	Minus	***	<u> </u>	=		X43=			OR	X86=		
	FINST PRESE	NTATION OF MU	JULIPLE DEI	PENDENT	CLAIM	<u> </u>	ľ	.145	1		l	000		
							L	+145=	+		OR	+290= TOTAL		
								DDIT. FE			OR A	ADDIT. FEE		
_		(Column 1) CLAIMS		(Colum		(Column 3)	_							
ပ		REMAINING AFTER		NUMBI PREVIOU	ER	PRESENT		RATE		ADDI- IONAL		DATE	ADDI-	
N EN	· · · · · · · · · · · · · · · · · · ·	AMENDMENT		PAID F		EXTRA	L	HAIE		FEE		RATE	TIONAL FEE	
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	Ind p indent	*	Minus	***		=		X43=	t			Voc		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							∧ + ∪=	+		OR	X86=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										İ	OR	+290=	ľ	
** If	the "Highest Nun	nber Previously Pai	id For IN THIS	S SPACE is I	ess thar	20 enter "20 "	ΔΓ	TOTAL			OR _	TOTAL DDIT. FEE		
11 T	me "Highest Nur he "Highest Num	mber Previously Pa ber Previously Paid	ia For" IN THI I For" (Total or	S SPACE is Independen	less thai t) is the	n 3, enter "3." highest number				priate box				
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